

## Title VI Complaint Form



Title VI of the Civil Rights Act of 1964 states "No person in the United States of America shall, on the ground of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Fresno Area Express  
Attn: Complaint Coordinator  
2223 "G" Street  
Fresno CA 93706-1600

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

5. Person discriminated against (if other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What was the discrimination based on? (Check all that apply)

☐ Race/Color

☐ Low Income

☐ Disability

☐ National Origin

☐ Gender

☐ Limited English Proficiency

7. Date of incident resulting in discrimination: \_\_\_\_\_

8. Describe how you were discriminated against. What happened and who was responsible?  
For additional space, attach additional sheets as needed.

9. What FAX representative(s) is the person alleging was/were involved?

10. Where did the incident take place? Please provide location, bus number, drivers name, etc.

**Title VI Complaint Form (continued)**



11. Witnesses? Please provide their contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Check the appropriate space) ☐ Yes ☐ No

If answer is yes, check each agency complaint was filed with:

☐ Federal Agency ☐ Federal Court ☐ State Agency

☐ State Court ☐ Local Agency ☐ Other

13. Provide the contact person information for the agency you also filed the complaint with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Filed: \_\_\_\_\_

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Sign the complaint in the space below. Attach any documents you believe supports your complaint.

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Complainant's Signature

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Signature Date